

THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS



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INTRODUCTION

The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK.

Membership comprises medical pain specialists, nurses, physiotherapists, scientists, psychologists, occupational therapists and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research for the benefit of patients. There are over 1,600 members.

The Society promotes education, training, research and development in all fields of pain. It endeavours to increase both professional and public awareness of the prevalence of pain and the facilities that are available for its management. The Society is involved in all aspects of pain and its management through the work of the Council, Committees, Working Parties, Special Interest Groups and via its Annual Scientific Meeting, publications and guidelines.

The British Pain Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).



OFFICERS, ELECTED COUNCIL MEMBERS, CO-OPTED MEMBERS OF COUNCIL & STAFF

YEAR END 2007

OFFICERS AND COUNCIL

DR JOAN B HESTER, PRESIDENT
Consultant in Pain Medicine

DR WILLIAMS I CAMPBELL, HONORARY
SECRETARY
*Consultant in Anaesthesia & Pain
Management*

DR PETER JD EVANS, HONORARY
TREASURER
Consultant Anaesthetist

DR NICK ALLCOCK
Associate Professor, Nursing

DR ELOISE CARR
Reader, Associate Dean Postgraduate Students

6 DR DAVID J COUNSELL
Consultant Anaesthetist

DR JOHN GODDARD
*Consultant Paediatric Anaesthesia & Pain
Management*

PROF RICHARD M LANGFORD
*Consultant in Anaesthesia & Pain
Management*

DR CATHY PRICE
Consultant in Pain Medicine

PROF JONATHAN RAPHAEL
Consultant in Pain Medicine

DR JONATHAN RICHARDSON
Consultant Anaesthetist

DR SIMON THOMSON
Consultant in Pain Medicine & Anaesthesia

CO-OPTED MEMBERS

PROF SAM AHMEDZAI
*Representative, Association for Palliative
Medicine*

PROF SIR MICHAEL BOND
*Representative, International Association for
the Study of Pain (IASP)*

MS RUTH DAY
*Honorary Editor, British Pain Society
Newsletter*

PROF CHRIS ECCLESTON
Chair, Scientific Programme Committee

DR DEREK JONES
Representative, Occupational Therapy

DR ROGER KNAGGS,
Representative, Pharmacy

DR ROGER LAISHLEY
Representative, Royal College of Anaesthetists

DR RICHARD POTTER
*Representative, Royal College of General
Practitioners*

MS CAROL SWEET
Representative, Physiotherapy

MRS NIA TAYLOR
*Chair, British Pain Society Patient Liaison
Committee*

PROF IRENE TRACEY
*Representative, British Neuroscience
Association*

STAFF

JENNY DUNCAN
Secretariat Manager

RIKKE WARMING
Development & Administrative Co-ordinator

KEN OBBARD
Events & Administrative Co-ordinator

CRAIG STEWART
Membership & Communications Co-ordinator

CONTINUED

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT
Back row: DR DAVID COUNSELL, DR JONATHAN RICHARDSON, DR JOAN HESTER, PROF. RICHARD LANGFORD, DR CATHY PRICE, PROF. JONATHAN RAPHAEL, DR JOHN GODDARD.
Front row: DR ELOISE CARR, DR PETER EVANS, DR NICK ALLCOCK, DR WILLIAM CAMPBELL
Absent from photograph: DR SIMON THOMSON

STAFF

JENNY DUNCAN
 RIKKE WARMING
 KEN OBBARD
 CRAIG STEWART



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OFFICERS, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT
Back row: DR DAVID COUNSELL, PROF. CHRIS ECCLESTON, DR JONATHAN RICHARDSON, DR JOAN HESTER, PROF. RICHARD LANGFORD, DR CATHY PRICE, PROF. JONATHAN RAPHAEL, DR ROGER KNAGGS, DR JOHN GODDARD.
Front row: DR ELOISE CARR, DR PETER EVANS, DR NICK ALLCOCK, DR WILLIAM CAMPBELL, MS CAROL SWEET.
Absent from photograph: PROF. SAM AHMEDZAI, PROF. SIR MICHAEL BOND, MS RUTH DAY, DR DEREK JONES, DR ROGER LAISHLEY, DR RICHARD POTTER, MRS NIA TAYLOR, PROF. IRENE TRACEY.

Annual Scientific Meeting
Secretariat

Educational Programme

Department Of Health
council

publications

royal college of anaesthetists

RESEARCH FOUNDATION

Pain In Women

SIGS

PRESIDENT'S REPORT

DR JOAN HESTER



2007 has been a year of great change; in both the political arena, our professional lives, and in the organisation and work of the British Pain Society.

The membership numbers of the Society stabilised in mid 2007 and then began to fall slightly to the current level of 1,600. There may be several reasons for this; increasing pressure on professionals to remain in the workplace, restrictions on budgets for continuing professional development and to fund study leave, changing service planning with an emphasis on shifting services into primary care, and a lack of funding to expand services in secondary care. We have all been asked to “work smarter” and remain within an existing budget. Changes in the training of doctors, a scarcity of Consultant posts, a reduction in the number of nurse specialists and a paucity of clinical psychologists have all contributed to professional unease. This makes the development of interest in a speciality much harder, and leaves little time for educational events and new ideas. It is a tribute to the dedicated members of the Society that the membership has stayed as buoyant as it has.

In contrast to this there has been increasing interest on pain related matters from the media and from organisations such as NICE, Connecting for Health, and the Department of Health through its 18 week commissioning pathway projects. Links are being forged with Palliative Care, the Royal College of General Practitioners, the Medicines and Healthcare products Regulatory Agency, and Pharmacists; the latter through a new co-opted specialist pain pharmacy member of Council. Existing collaborations have progressed with the Royal College of Anaesthetists, Faculty of Pain Medicine, Chronic Pain Policy Coalition and International Association for the Study of Pain. The Society is now a member of the Long-Term Conditions Alliance.

After a strategy day in late 2006, the most important objectives for the Society were considered to be:

- A feasibility study on setting up a Research Foundation
- Closer working with our Special Interest Groups
- Raising the profile of the Society, finding a celebrity to aid promotion
- Developing the educational programme, especially in primary care

- A regular educational supplement to be published with *Pain News*
- A coherent programme for publications
- A “new look” for the web-site and publications.

Significant progress has been made in all these areas, except in finding the elusive celebrity!

ANNUAL SCIENTIFIC MEETING

10 In April 2007 the annual scientific meeting was held at the Scottish Exhibition Centre in Glasgow, and was attended by nearly 1,000 delegates. This is a great tribute to the superb organisation of the meeting by Ms Sandra Upali, Secretariat Manager, and Dr Paul Watson, Chair of the Scientific Programme Committee. There were some notable scientific plenary lectures; Professor Maria Fitzgerald’s fascinating presentation on pain pathways in the infant, and Professor Mike Salter’s dynamic presentation on microglia and pain memory to mention but two. Professor Henry McQuay was awarded Honorary Membership of the Society. There were over 30 workshops to suit the special interests of our diverse membership, a breakfast meeting of SIG chairs, many small group meetings, an excellent technical exhibition and social programme. Networking is a most important part of an annual conference, and there was an abundance of this in evidence. The objectives of the meeting were achieved, one hundred percent: presentation, educational content, appeal to diverse interests, value for money, networking, and building relationships, both professionally and with our industrial members. Congratulations to all contributors!

EDUCATIONAL PROGRAMME

The Learning in Pain series of seminars has continued through 2007 with four sessions, all in the excellent facilities at Churchill House. These are listed elsewhere in this report. The evaluations of these seminars indicate that small discussion groups of 10 to 12 people with a specialist are of great educational value. The series continues through 2008, chaired by Dr William Campbell.

A successful study day for GPs was held at the Royal College of General Practitioners in March 2007. The number of attendees was small, but again, the meeting was rated very highly, and it was considered a good start in engaging primary care professionals

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in an educational programme about chronic pain. A similar meeting is planned for 1st March 2008 in Manchester.

In addition there have been educational sessions run by the SIG groups, but organised by the BPS secretariat. The Pain Intervention Group met in Manchester, the Pain Management Programme SIG held a most successful meeting in Southampton, and the Philosophy and Ethics SIG a summer meeting in Ambleside. The organisation of these meetings is extra work for the Society, but is considered an important core activity, and we would like to see all nine SIGs hold an educational meeting, at least every 2 years.

SEMINAR ON PAIN IN WOMEN

October 2007 saw the launch of a global year on "Pain in Women". The subject was chosen by the International Association for the Study of Pain, with the strap line: "Real Women: Real Pain". It has been chosen because the prevalence of pain is higher in women than in men, pain affects women from the menarche to the menopause and beyond, because there are disadvantaged groups of women who suffer but who are inhibited from speaking out, and because research, historically performed on the male of the species, is beginning to show some interesting gender differences.

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A seminar, chaired by Mrs Nia Taylor, Chair of the Patient Liaison Committee, was held at Churchill House in October 2007 to discuss some of these issues. It proved a fascinating day and will hopefully lead to some links with the Royal College of Obstetrics and Gynaecology and women's support groups.

DEPARTMENT OF HEALTH 18 WEEKS COMMISSIONING PATHWAYS

In 2006 I was invited by DH to represent the British Pain Society on the musculoskeletal 18 week pathway co-ordinating group. This has been loosely termed the orthopaedic group as it has, until now, been concentrating on the pathway for admitted care, largely joint replacement surgery. There will now be more emphasis on non-admitted care and shifting care closer to home, and South West Hampshire musculoskeletal triage unit (orthopaedic choice) has been cited as a demonstration site (www.dh.gov.uk/en/policyandguidance). Through this work and the work of a clinical advisory group representing all medical specialities, the DH has agreed to develop an 18 week commissioning pathway for chronic pain in 2008. A multidisciplinary group

has constructed the pathway via the website www.18weeks.nhs.uk and a consensus meeting will be held on 29th February 2008 to finalise the pathway. This is an important and exciting development for chronic pain services.

RESEARCH FOUNDATION

Professor Richard Langford has informed Council about the ways in which substantial funds (circa £5 million) could be raised to establish a Research Foundation, which would fund two post-doctorate Fellows per year to conduct primarily clinical research into chronic pain. The need for such research is undisputed. He will call a committee together in 2008 to progress this enterprise, to inform members of the Society and to seek their support for the scheme in the first instance. Legacy fundraising will also be established. This is a long term project for the Society, and a member of the secretariat has been appointed with the appropriate skills to provide administrative support to this enterprise.

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ROYAL COLLEGE OF ANAESTHETISTS

As one of the partners on the third floor of Churchill House, home of the Royal College of Anaesthetists, the British Pain Society has been made to feel very welcome and liaison with the College has been, inevitably, much easier. The educational facilities are excellent, and access to meeting rooms is also easy to arrange. I have represented the Society on the Joint Good Practice Committee which has considered an appendix on chronic pain issues in the Good Practice Guide for Anaesthetists and an updated version of Guidelines for the Provision of Anaesthetic Services, in 2009, to include both acute and chronic pain services. Revalidation, and how this will affect firstly anaesthetists, and then the sub-speciality groups, is in an early stage of discussion.

FACULTY OF PAIN MEDICINE

The Faculty came into being on 2nd April 2007, and has awarded Foundation Fellowship to approximately 500 doctors practising pain medicine in the UK. It is now inviting applications for Fellowship by Assessment, and is working on other fellowship categories, under the guidance of the Dean, Dr Douglas Justins, and the Vice-dean, Dr Karen Simpson. The purpose of the Faculty is to set and uphold professional standards for doctors practising pain medicine in the UK. BPS has been working closely with the Faculty. There is much work to be done before the complementary roles of the two

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bodies will be clarified. The multidisciplinary membership of the British Pain Society will remain an important strong point.

SPECIAL INTEREST GROUPS (SIGS)

Two new special interest groups were approved in 2007; Pain in Older People, and Education in Pain. There is a full report on the work of the Special Interest Groups in this report. Council has been working to improve liaison with the SIGs, by holding a SIG Chairs meeting at the ASM, by asking the SIG “linkmen” to report to Council on a regular basis, by book keeping and accounting, and supporting any losses that might occur, and by providing administrative support. The work of the SIGs is important to the future of the Society. The activity of the SIG outside the ASM does depend on the energy and enthusiasm of the SIG chairman. We are pleased that such dedicated people exist who make an ongoing contribution to this work.

PUBLICATIONS

The communications committee has had a thorough re-organisation under the leadership of Dr Eloise Carr. She has formulated a coherent approach to the submission of ideas for publications, the format and design, the benchmarking and quality issues, and has rationalised a long list of publications, thirteen in all, which are being written or are under review. BPS publications are authoritative, un-biased, and frequently quoted in the literature. They provide an important resource to both professionals and to the public. High quality standards have been set in the past and must be upheld. There are some interesting new topics, Cancer Pain, Management of Acute Pain in Children, Update on Opioid Guidelines in Non-Malignant Pain, The Management of Persistent Pain in Primary Care, and a re-write of the “*Understanding and Managing Pain*” for patients, which will be rolled out in 2008/9. An excellent joint publication with the British Geriatric Society on *The assessment of Pain in Older People* is now available, and there are two joint projects ongoing with Help the Aged.

BPS does not endorse publications which have been written by other organisations, unless we have been involved from the outset, but the committee is looking at a tool for assessing the quality of such publications. The matter is under review.

The newsletter has been renamed “*Pain News*” and has been much enhanced under the editorship of Ruth Day. She has changed the design and has made it a popular

medium for the exchange of views. Contributions from the membership are vital, and controversial opinions are also welcomed. BPS owes a debt of gratitude to Ruth for her skill and consistent hard work in achieving such a high standard. The educational supplement *Reviews in Pain* has started under the editorship of Professor Jon Raphael, and we are also most grateful to him for initiating this development.

COUNCIL

The British Pain Society would not function without the dedication of its Council members, who come forward year after year to fulfil increasingly arduous roles in addition to their day jobs. Thanks are due in 2007 to the outgoing Council members, Beverly Collett, immediate Past President, Cathy Stannard, Honorary Secretary, George Harrison, Honorary Treasurer, Stephen Morley and Keith Milligan, Council members. Their immense contribution to the Society has been acknowledged in *Pain News*. New Council members have been welcomed; William Campbell, Honorary Secretary, Peter Evans, Honorary Treasurer, Eloise Carr, John Goddard and Dave Counsell. Eloise is responsible for the communications committee, John for liaison with NICE, and Dave for acute pain issues and development of the website.

All the other Council members have made a most significant contribution; Cathy Price for her endless energy and work on Payment by Results and tariffs for pain procedures, work with the DH on Care Closer to Home, and in liaising with many other bodies, Nick Allcock for his liaison with the RCN and as a sound voice on nursing matters and work with pain in the older person, Simon Thomson for his many novel ideas, and his work on setting up a Registry for Neuromodulation Devices, and Richard Langford for his work on the science and research committee.

CO-OPTED COUNCIL MEMBERS

The Society has the benefit of a wide mixture of skills through its co-opted members, who are co-opted for a year. Particular thanks go to Professor Chris Eccleston who has taken over the Scientific Programme Committee and who is organising the ASM in Liverpool 2008. He has brought his own new ideas into the arena. Thanks have also been expressed to Dr Paul Watson, who chaired this Committee with energy and seamless organisational skills for six years. We also thank Dr Richard Potter, GP representative, Prof Sam Ahmedzai from Palliative Care who is always ready with new ideas, Prof Sir Michael Bond, IASP representative, Ruth Day, Newsletter editor,

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Dr Roger Laishley, Royal College of Anaesthetists representative, Dr Derek Jones, Occupational Therapy, Ms Carol Sweet, Physiotherapy, Dr Roger Knaggs, Pharmacy representative, Prof Irene Tracey, Science representative, and Mrs Nia Taylor, chair of the Patient Liaison Committee. The PLC has been most active under her excellent direction.

SECRETARIAT

Last, but by no means least; the secretariat has undergone a complete change of staff in 2007. The secretariat manager, Ms Sandra Upali commenced maternity leave in September 2007. Her role has been taken over during this time by Ms Jenny Duncan who has risen admirably to the challenge. There were serious problems in the office in the first six months of the year when fraudulent activity took place. These problems have been resolved. Three new members of staff have been appointed, Ms Rikke Warming, responsible for ASM organisation, Mr Ken Obbard, responsible for the educational, GP and SIG meetings, and Mr Craig Stewart, responsible for membership and communications. We are grateful to them all for their dedication and hard work.

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A great deal has been achieved in 2007. The British Pain Society undoubtedly fulfils the duty of a charity in being of benefit to the public. The whole work of the Society, through its direct work with the public in giving advice about accessing services, and the patient liaison committee, but also indirectly through the education and training of professionals is for the benefit of all those who suffer from painful conditions.

Long may this work continue.



HONORARY SECRETARY'S REPORT

DR WILLIAM CAMPBELL

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The British Pain Society has 1623 members, including 21 Honorary and 34 retired members. Membership of the Society is open to healthcare professionals with an interest in the objectives of the Society. We receive applications from a wide range of professionals involved in clinical pain management and research. All applications for membership of the Society are reviewed by the Honorary Secretary, before being presented to Council for approval. All applications must be supported by two members of the Society who must both be acquainted with the applicant and be able to vouch for the applicant's good professional standing. Applicants must hold a contract with a recognised healthcare organisation which delivers services to patients in pain, or be affiliated with a recognised educational institution. Our multi-professional membership gives the Society a unique strength to provide definitive information on all matters pertaining to pain. The membership currently is represented by 791 anaesthetists, 386 nurses, 116 psychologists and 85 physiotherapists. The other 25 professional disciplines which constitute the remainder of the membership include occupational therapists, rheumatologists, neurologists, pharmacists, general practitioners and basic scientists. Information about joining the society can be found on the Society's website www.britishpainsociety.org/join_home.htm

The Society currently has nine Special Interest Groups. Each of these groups shares their knowledge for the benefit of patient care. The process by which a group of professionals can become recognised as a Special Interest Group is defined by our constitution and is thus a legal requirement. Details about these Special Interest Groups are available on the website www.britishpainsociety.org/members_sigs.htm

The 2007 Annual Scientific Meeting of the British Pain Society was held in Glasgow. There were 928 attendees, and 20 bursaries were awarded to assist attendance of the meeting. Additional educational meetings included four Learning in Pain seminars and one General Practitioner study day. Each of the four Learning in Pain seminars were held in Churchill House, London and were well attended. Limited funds are available to members who require assistance to attend these meetings. For information on future meetings and study days see www.britishpainsociety.org/meet_home.htm

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The British Pain Society continues to represent the views of the wide range of disciplines that its members represent to the Department of Health, Medical Royal Colleges, the Medicines and Healthcare products Regulatory Agency and the National Institute for Health and Clinical Excellence. There are also links with a comprehensive range of organisations representing patients.

Council members meet four times each year to promote the objectives of the Society. However, there is daily contact with this vibrant group who substantially facilitate my job as Honorary Secretary. In particular I am indebted to the tireless enthusiasm of the Secretariat of the Society, who are so devoted to all the Society's activities.



HONORARY TREASURER'S REPORT

DR PETER J D EVANS

The Society's funds remain in good health although 2007 has been a difficult year financially for the Society. The current reserves of the Society have fallen and stand at £766,215, of which some £146,345 is in restricted funds.

During the year the Society adjusted to new and improved headquarters at Churchill House, London. The relocation costs, the expansion of the secretariat to 4 persons and the need to replace all staff members due to resignation, maternity etc, led to an upward pressure on expenditure of some £42,000. This was predicted and included within the budget for the year.

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The ASM in Glasgow proved to be an extremely successful meeting with income up 2.6% on the preceding year. However expenditure also increased by £72,000. This led to a modest loss for the event of £69,000. Since it is not within the terms of the arrangements with Her Majesty's Revenues and Customs for any unexpected excess of income of over expenditure to be used for any other purpose that for furthering education this year was an opportunity to use some of the designated unrestricted funds to balance the ASM accounts.

The Society continues to apply a formal reserves policy to determine the way in which accumulated funds are utilised. Reserves can be restricted or unrestricted. The restricted are those bequests and donations including the interest derived thereon which are to be used specifically for research into the causes and treatment of pain.

The unrestricted reserves are divided into general reserves and designated reserves. The designated reserves include the funds for the Study Days and Educational day, which includes the unrestricted educational grant of £25,000 from Grunenthal given to the Society in 2007 (£32,104), the funds of the SIGs (£46,481), and the Irene Bainbridge fund (£66,658). The designated ASM fund (£243,836) is to be used to cover the ASM against a shortfall of income due to a fall in the number of attendees.

The remainder of the unrestricted reserves are to be assigned as follows: £200,000 to cover the failure of the Society to achieve an income, to allow it to continue to function for a period of 12 months. The remaining £30,791 is to be used to assist the Society in furthering its aims and objects.

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MILDRED B CLULOW AWARD

This biennial award of £50,000 for a worthy research project was awarded this year to Dr Laura Mitchell for her proposed study of "An experimental investigation of the effects of cannabis use on pain perception, control and coping." This award was initiated as a result of a bequest of £121,282 given to the Society in 2001. The interest from this fund supplemented with interest derived from the Society's reserves have enabled this award to be sustained. A number of worthy applications were considered and applications will again be considered in 2009.

THE PATRICK WALL OVERSEAS BURSARY

A bursary of up to £1000 per individual per year has been made available to support researchers who wish to travel overseas to present their work at conferences, not restricted to conferences specifically for pain research or pain management. The maximum sum available for this purpose is £10,000 per annum. Details are given in the Newsletter and on the Society's web site. No grants were awarded in 2007.

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THE IASP TRAVEL GRANT

This grant is provided specifically to enable members of the Society to attend the World Congress on Pain. No awards were made during 2007. The next congress will be in Glasgow in 2008. The Society welcomes applications.

SPECIAL INTEREST GROUPS (SIGs)

Each of the SIGs that have been approved by Council has their income and expenditure identified separately within the main accounts. This provides clarity and openness with respect to their activities. The SIGs continue to flourish and accumulated reserves of £51,962 were recorded for the year end.

STUDY DAYS & SEMINARS

Some 10 events have now been held during the past two years and they have proved popular. They are supported by the use of designated reserves which have been set up on a cost neutral basis. No unexpected or significant expenditure has been incurred by the Society.

ETHICAL BANKING

The Society's position remains unchanged on this matter. The reserves have been consolidated between two charitable banks (CAF and COIF). Debit, credit, BACS and other bank to bank transactions are conducted with Barclays Bank. The Society continues with its policy to maintain the minimum balance in this account, sufficient to maintain the smooth running of Society affairs.

BANKING FRAUD

The Society has, in 2007, reviewed its policies and procedures to ensure that every effort has been, and continues to be, made to ensure that financial practices within the secretariat are of the highest standards. Every effort is made to ensure that sensitive personal data concerning members and their transactions with the Society are securely stored and safely destroyed when no longer required.

BOOKKEEPERS & SOLICITORS

The Society continues to use Independent Examiners Ltd who have expanded their role as bookkeepers and are now intimately involved in the day to day financial activities of the Society. They and Hempsons Solicitors have proved invaluable in dealing with the issues relating to property leasing, Charity Commissioners requests and Charity Law. I recommend that we continue to use these services.

APPOINTMENT OF AUDITORS

Sandison Lang & Company of Tonbridge, Kent continues to provide an excellent service and it is recommended that we reappoint them.

SORP 2005

In accordance with the Charities requirements the Trustees continue to identify and minimise areas of potential risk within the Society as recommended by the Statement of Recommended Practice (SORP 2005). These areas of risk include: major financial shortfall at an ASM, Trustees Liability, control of signatories of the Society cheques, retention of staff, security of IT data, ensuring compliance with the data protection act and having a designated health & safety member of staff. Each of these areas has been addressed and further details are given in the Trustees' Report for the year.

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PAIN SOCIETY 2008 DRAFT BUDGET

In preparing the draft budget for 2008 I was aware that 2007 was an exceptional year since some £43,000 of Society reserves was transferred to balance the accounts. I anticipate that only some of this increased expenditure will carry through on a sustained basis. The Society membership has not increased significantly so consequently the only option is to curtail costs. I am continuing to look at ways to make effective economies whilst still providing resources to further the Society's interests. For example I have allocated some £60,000 to support the activities of the working parties and their associated publications. Conversely I am pleased to report that the costs incurred by Council members attending meetings have fallen by some 18%.

Membership subscription rates will continue to increase annually. At present the rate is 5%. Since the majority of the members now pay by direct debit I propose to withdraw the discount of 5% currently offered and keep the subscriptions largely the same for 2009. At the same time I propose to introduce a flat surcharge of £10 for those who continue to use other methods of payment since this better reflects the additional costs of collection. These rates still represent exceptionally good value for the services offered by the Society and remain very competitive when compared with other Societies and Associations.

Council is extremely grateful for your continued support to enable the extensive activities of the Society to be sustained.

	2006	2007	2008	2009
Membership Band A	£130.00	£136.50	£144.00	£145.00
Membership Band B	£100.00	£105.00	£110.00	£110.00
Membership Band C	£60.00	£63.00	£66.50	£66.00
Membership Band D	£30.00	£31.50	£33.00	£33.00
Membership Band E	£25.00	£26.25	£27.50	£28.00

Education
Communications

patient liaison

CANCER PAIN

Scientific Programme

Meetings

science & research

COMMUNICATIONS COMMITTEE REPORT

DR ELOISE CARR, CHAIR



The Communications Committee (CC) oversees the content and production of written and electronic material produced on behalf of the Society. The aim is to facilitate communication to a wider audience through publication, media, internet and other information technology.

In April 2007 Dr Cathy Stannard stepped down from her key role leading this Committee's work. Strong foundations provided the opportunity for new developments and the past year has been a busy one. Jenny Duncan joined the BPS Secretariat and has worked hard to support and contribute to the Committee's growing work.

MEMBERS AT YEAR END 2007

DR WILLIAM CAMPBELL

DR DAVE COUNSELL

MS RUTH DAY

MS MARY RAY (PLC MEMBER)

MS JENNY DUNCAN

MS RIKKE WARMING

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Pain News, the British Pain Society newsletter, is published quarterly and edited by Ms Ruth Day. Members of the Society receive a copy and are encouraged to contribute to the content. Copy dates are published in the newsletter and are available on line. *Pain News* continues to be one of the main vehicles for communication to the membership providing an opportunity for members to advertise events at reduced rates to a specialist audience. Now regularly 32 pages or more it is published in full colour and has recently been joined by the peer reviewed publication *Reviews in Pain* edited by Professor Jon Raphael.

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Webpages: A long overdue review of our website is underway. A key feature of the amended site will be a member's only area where draft versions of society publications can be available for review and comment by interested members. This will reduce the cost of publications by reducing the need for hard copy consultation drafts and will hopefully speed up the consultation process. Past and future finished documents will also be made available via the website either as hard or electronic copies.

Publications: The BPS had twelve publications in progress this year of which three were completed. *Pain & Substance Misuse:*

improving the patient experience (2007) and *Recommended guidelines for pain management programmes for adults (2007)* were both launched in April 2007 at the Society's ASM in Glasgow. A third document, *The assessment of pain in older people: National Guidelines (2007)*, reflected the frequent collaboration between Medical Colleges and professional bodies and was jointly published by the BPS, the Royal College of Physicians and the British Geriatrics Society. Each publication is developed from an initial proposal (available from the website). Following review by the CC the publication proceeds through a rigorous process. This ensures that each document is developed by a working party with appropriate expertise and undergoes consultation with BPS members and important stakeholders. Once published, each publication will usually be reviewed every 5 years with the consultation process starting a year before.

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Patient information: Each professional publication has alongside an information booklet for patients. These are produced in close collaboration with patients or members of the public to ensure they meet the needs of individuals who experience pain or their families. The Society produced several documents for patients this year including; *Pain management programmes for adults: information for patients (2007)*, *Pain and problem drug use: information for patients (2007)*. In addition the Society provides a list of the 10 nearest Pain Clinics for patients contacting the BPS. The CC continues to strengthen its consultation with voluntary sector groups.

The year has been busy for the new Committee. It was timely to consider the strategic work of the CC this year and two additional meetings took place at the Society. The first, in July, considered the changing and expanding work of the Communication Committee. For example, it needed to prioritise proposals, consider requests for endorsement and translation of publications. The second day in October considered in more

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detail current processes and further developed the manual held by the secretariat. It felt timely to review the face of publications and, after careful deliberation and creative discussions, a fresh new look was approved by Council in December 2007. It is hoped these developments will continue to strengthen and widen the communication between the Society, its members and the public.



EDUCATION COMMITTEE REPORT

DR WILLIAM CAMPBELL, CHAIR

MEMBERS AT YEAR END 2007

DR NICK ALLCOCK

DR ELOISE CARR

DR JOAN HESTER

PROF RICHARD LANGFORD

DR JONATHAN RICHARDSON

As in the previous year, the “Learning in Pain Series” continued with a further 4 study days. The intention is that by the end of 2008 the British Pain Society will have provided 12 seminars covering the key topics within the Core Curriculum for Professional Education in Pain, published by the International Association for the Study of Pain (IASP Press, 3rd edition).

The following study days were held at the Royal College of Anaesthetists, Churchill House, Red Lion Square, London:

- 1st January 2007
Psychology of chronic pain and suffering
Chaired by Dr William Campbell
- 9th May 2007
Opioids and problem drug use
Chaired by Dr Cathy Stannard
- 24th September 2007
Headache and facial pain
Chaired by Dr Jonathan Richardson
- 5th December 2007
Cancer Pain
Chaired by Dr Joan Hester

Each of the above meetings adopted the format of a keynote address at the start of the day and again in the afternoon, by an expert. During the remainder of the day 6 masterclasses were held, each accommodating a maximum of 12 participants. This permitted all participants to attend each masterclass, permitting maximum interaction with their multidisciplinary colleagues. Each of the study days was well subscribed to and feedback on content and presentation was very reassuring.

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In addition to these study days, Dr Joan Hester chaired an educational day on pain management for general practitioners on 1st March 2007. As with the study days feedback was excellent, but it was considered that this meeting might be more accessible to general practitioners if it was held at other cities outside the capital.

The educational committee have planned a further 4 study days for 2008, as well as a further educational day for general practitioners, to be held in Manchester on 1st March 2008.

In addition to this educational programme, the Society provides education through the Annual Scientific Meeting, Patient Liaison Committee seminar, Special Interest Group meetings and its publications.



CANCER PAIN COMMITTEE REPORT

PROF JON RAPHAEL, CHAIR

MEMBERS AT YEAR END 2007

PROF SAM AHMEDZAI
(ASSOCIATION OF PALLIATIVE
MEDICINE)

DR JOHN WILLIAMS
(PAIN MANAGEMENT)

MS JANETTE BARRIE
(NURSING)

DR JOAN HESTER
(BPS)

DR PAUL FARQUHAR SMITH
(PAIN MANAGEMENT)

PROF MARIE FALLON
(PALLIATIVE MEDICINE)

MS HEATHER WALLACE
(PATIENT REPRESENTATIVE)

DR KATIE URCH
(PALLIATIVE MEDICINE)

MS REBECCA HAINES
(PSYCHOLOGY)

DR MARTIN JOHNSON
(RCGP)

MS KAREN ROBB
(PHYSIOTHERAPY)

DR RICHARD CULLEN
(GENERAL PRACTICE)

CO-OPTED

DR PETER HOSKIN
(ONCOLOGY)

MR BRIAN SIMPSON
(NEUROSURGERY)

The British Pain Society set up a committee to focus on cancer pain in September 2006. Under the chairmanship of Professor Jon Raphael, a multidisciplinary group was drawn together. The aims of the group were to improve the management of cancer pain by drawing together the expertise in pain management, palliative medicine and primary care. Amongst the strategies to influence this area of practice, it was decided that focussing on writing a document was to be the first goal. With the support of the relevant professional bodies in palliative medicine and general practice a series of meetings were held. It was important to offer a different resource to those previously published in this area and the group set about defining areas of pain management in cancer to which the BPS could usefully contribute.

In addition to the experience that Pain Management has in psychological, physical and interventional domains, there was an opportunity to draw upon a wider perspective. For example, as cancer treatments improve longevity, issues of non-cancer acute and chronic pain in cancer survivors are becoming more frequent and require attention.

The BPS places great emphasis on the basic science of pain and there was an opportunity to draw applications from the evolving models of cancer pain into the management of pain.

With developments in oncology and radiotherapy, it was felt necessary to offer clinicians sufficient background knowledge and subsequent concise information to allow for the integration of this with traditional pain management.

The group have met several times and held teleconferences. They are now in the process of writing a multichapter document covering these aforementioned subjects and related areas in addition to making recommendations for service design and training.

PATIENT LIAISON COMMITTEE (PLC) REPORT

MRS NIA TAYLOR, CHAIR



Two founder lay members of the Committee, Mrs Sue Clayton and Mrs Heather Wallace, stepped down in 2007, having served the maximum term of office. Their honest and constructive contributions to the BPS has been invaluable, bringing not only their own personal experience, but also important networks with other patients and organisations. They will both be greatly missed but we are very fortunate to have recruited two excellent new lay members in their stead.

Christine Henson is a barrister by training who lives with chronic back pain and now works as a management consultant. She brings a powerful combination of personal experience and the ability to argue points and “translate” others’ viewpoints to various audiences to the PLC. Christine said in her application that she has “a real drive to see the NHS deliver in the field of pain management (so that) a return to a decent quality of life can emerge.”

Mary Ray also has personal experience of living with chronic pain and has already used that understanding in helping her local hospital to reorganise and improve its pain services. With a background in providing care services in the voluntary and public sectors, and three years as non-executive director of a PCT, she says that “the effectiveness of health services isn’t just a matter of ‘what’ is being offered, as ‘how’ it is delivered.”

We are delighted to welcome Christine and Mary to the Patient Liaison Committee.

Ian Semmons completes his first term of three years in 2008 but has agreed to serve a second term and we are delighted that we will continue to benefit from his personal experience and also that of others living with pain through the organisation he represents.

MEMBERS AT YEAR END 2007

LAY MEMBERS:

MRS CHRISTINE HENSON

MRS MARY RAY

MR IAN SEMMONS

PROFESSIONAL MEMBERS:

DR JOAN HESTER

MS RUTH DAY

DR NICK ALLCOCK

Last, but certainly not least, the Committee would not be able to function without the contributions of our professional members. It is an acknowledgement of the respect that the Society has for its PLC that our President, Dr Joan Hester, sits on the Committee and we are so grateful that she finds the time amongst her hundreds of other commitments to work with us. Ruth Day and Nick Allcock, who have been on the Committee since its early days, are always supportive, encouraging and willing to help in all the activities organised by the Committee – and they are genuine patient advocates.

The Patient Liaison Committee was set up in 2001 with terms of reference that included three major strands of work.

1. To represent the patient or service-user perspective to and for the British Pain Society: the Chair is a co-opted member of Council; an active member of the Committee of Chairs of Patient Liaison Committees of Royal Colleges and Faculties which is coordinated by the Academy of Royal Colleges; and the Committee comments on new publications and policy matters.
2. The PLC was asked to provide a channel of communication between patients and the Council: again in 2007, the PLC organised an October seminar for representatives of voluntary sector organisations and others which is described below.
3. The third strand was to communicate to Council areas of concern amongst patients: work on identifying concerns of patients around the withdrawal of co-proxamol has continued; in addition members of the PLC have been active in consultations and working parties on health policy including the 18-week Chronic Pain Pathway and the new Complaints Policy for the NHS.

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The lay members of the PLC were again invited to attend the Annual Scientific Meeting of the British Pain Society, and the PLC organised one seminar on creative expressions of pain, looking at the writing and sculpture and contributed to another seminar on how Patients and Professionals can work together.

During 2007 the PLC continued to review and update information on the “patient” pages of the website.

Following last year’s success, the Committee again organised a seminar in October 2007 to mark the launch of the International Association for the Study of Pain (IASP) Global Year Against Pain, which took Pain in Women as its theme for 2007/8. The seminar was attended by a broad range of people including healthcare professionals of varied disciplines and representatives from many patient organisations, including those focussed on women. The seminar was introduced by Claire Rayner, famous agony aunt, humanist, and President of the Patients Association, now 76, who gave a very personal perspective on pain in women. Despite her own pain, she remains positive, optimistic and full of humour, and it was a great pleasure to have her with us. The seminar was addressed by four excellent speakers: Dr Beverly Collett, Consultant in Pain Medicine, Ms Judy Birch, Chief Executive of the Pelvic Pain Support Network, Dr Ed Keogh and Dr Anna Mandeville, both psychologists. The speakers considered the prevalence of pain in women, the types of pain that women suffer and gender differences in pain. In the afternoon delegates explored the particular difficulties for women living with pain and possible solutions and agreed some action points to take forward.

Other matters discussed during 2007 included the ongoing work of the Chronic Pain Policy Coalition, which published a chronic pain manifesto and a campaign to make pain the fifth vital sign during the year.



SCIENCE & RESEARCH COMMITTEE REPORT

PROF RICHARD LANGFORD, CHAIR

MEMBERS AT YEAR END 2007

PROFESSOR IRENE TRACEY

DR NICK ALLCOCK

The Science and Research Committee (SRC) is responsible for fostering research in the wider field of pain medicine to advance our knowledge in basic scientific, clinical and epidemiological aspects.

In 2007, the SRC oversaw the adjudication of the Mildred B Clulow award. Underpinned by a legacy, the Mildred B Clulow award is the British Pain Society's major research grant, but with rising costs and university requirements its potential for supporting high quality research was waning. It had therefore been decided in 2005 to double the sum available to £50,000 by making the award in alternate years, with the intention of providing a greater level of support including expenses and overheads. This satisfies the precepts of the Association of Medical Research Charities, of which the BPS has been a member since 2006.

After publication of the call for bids from BPS members, five high quality applications were received and sent out for external peer review. Consideration by both the SRC and the BPS Council followed, and the 2007 award was made to Dr Laura Mitchell, Lecturer in the Department of Psychology, Glasgow Caledonian University. Her study sets out to identify any differences in pain tolerance and perception of intensity between cannabis users and matched controls, and will then compare feelings of control, anxiety and the psychological coping strategies used spontaneously by these groups to deal with the stimulus (e.g. distraction of attention, relaxation etc.). These measures together investigate the ability to cope psychologically with pain.

The SRC has also received the final report from the 2005 award holder, Professor Maria Fitzgerald, Professor of Developmental Neurobiology, UCL in which the Mildred B Clulow Award contributed to funding of a successful study of cortical pain

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processing in preterm infants, and that they are capable of the sensory/discriminative aspects of touch and pain.

The SRC has also been exploring potential strategies for a major long-term British Pain Society Research Fund initiative to raise a capital sum capable of sustaining a rolling programme of research studentships and projects. This will be the major focus of activity for the SRC 2008.



SCIENTIFIC PROGRAMME COMMITTEE REPORT

PROF CHRIS ECCLESTON, CHAIR

This is my first report for the BPS after taking up this post in April 2007. Let me start by offering my sincere gratitude, on behalf of the British Pain Society, to Dr. Paul Watson. Paul has given loyal and dedicated service to the society. In his time chairing the Courses and Meetings committee, he has overseen the growth of the Annual Scientific Meeting in both size and quality. Glasgow 2007 was Paul's last ASM, and it was as successful as the previous meetings. Thank you Paul.

I have made a few changes for the 2007-2008 sessions, and the 2008 ASM. First of all, I have disbanded the Courses and Meetings committee and replaced it with a Scientific Programme Committee. In essence we are responsible only for the ASM and other courses and meetings will be the responsibility of the education committee. The SPC has already been very busy putting together the programme for 2008. So let me take this opportunity to thank them for the hard work they have put in dealing with a large amount of email traffic as we put together a high standard of programme content. You will notice that we also had the chairs of the World Pain SPC and the EFIC European pain SPC to ensure that we did not duplicate content.

We have a new team. With Sandra on leave, Jenny, Rikke, Ken, and Craig are all new for this year, so we are learning as we go along. I am sure we will make mistakes along the way, but we hope also to bring innovation. In all of our planning we are guided by a number of related principles. First of all, this is a membership society, and the ASM is for all members, so the content should be broad to reflect different interests. Second, the scientific content should be of the highest calibre. Third, although a scientific meeting, members work is not only scientific but clinical, organizational, and political. The ASM should provide opportunity for discussion, debate, and support on these aspects of our work. And finally, it should be fun and enjoyable. On that note, this year I have launched the first ever

MEMBERS AT YEAR END 2007

PROF TONY DICKENSON
DR. ALISON ELLIOTT
PROF MARIA FITZGERALD
DR. JOHN GODDARD
DR. DEREK JONES
PROF CHRIS MAIN
DR. BILL MCCRAE
PROF HENRY MCQUAY
DR. SHEA PALMER
DR. KATE SEERS
DR. SIMON THOMPSON
PROF IRENE TRACEY

INTERNATIONAL MEMBERS

PROF JOSE CASTRO-LOPES
PROF MARSHAL DEVOR

EX-OFFICIO MEMBERS

DR. JOAN HESTER
(PRESIDENT)
DR. PETER EVANS
(HONORARY TREASURER)
MS. CHRISTINE HENSON
(LAY MEMBER)
MS. RIKKE WARMING
(SECRETARIAT)

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British Pain Society Fun Run at the heart of the meeting. I hope that you will all join in. If not the run, then in supporting. There is an all important Team prize, so there is plenty of time for training. Who is the fittest pain team in Britain?

Finally, a date for your diary. We looked hard for a venue in the south of the Britain and have decided to come to the capital. For 2009, the ASM will be held at ExCel in the Docklands London on the 31st March to the 3rd April.

Happy training.

interventional pain medicine

Philosophy & Ethics
older people

acute pain

pain in children

neuropathic

pain education

pmp sig

clinical information

ACUTE PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR DAVID COUNSELL, CHAIR



The SIG met twice this year, once at the BPS ASM in Glasgow, and again in parallel with the National Acute Pain Symposium in Chester in September. The main themes of the meetings were the NAP III and NCAPCIA projects and the Faculty of Pain Medicine.

Members were fully informed about the intentions and progress of the national audit projects and encouraged to participate. The arrangements regarding anonymity were emphasised in order to reassure potential contributors to the audit. The additional features of the NCAPCIA website were highlighted and members were encouraged to participate. Obstacles to participation were discussed and members were assured that anyone was allowed to submit information on critical incidents.

Discussion about the Faculty of Pain Medicine largely revolved around inclusion for Acute Pain Doctors in the short term and other practitioners, particularly nurses, in the longer term. By September arrangements for 'grandfather' membership of the new Faculty were clearer and the chair was able to describe these arrangements and encourage members to support the new Faculty by submitting applications.

The SIG has organised a parallel session at the ASM in April 2008 covering the new iontophoretic PCA patch and new evidence on the use of wound infiltration techniques. The next meeting of the SIG is at the 2008 ASM.



CLINICAL INFORMATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR CATHY PRICE, CHAIR

DR PIERS LESSER. SECRETARY AND MEMBERSHIP

DR MIKE BAILEY. TREASURER

The SIG has been pretty inactive this year compared to previous years. Since the decision was taken to halt software development due to the high expense and difficulties with doing this the SIG has been looking for ways of working on audit and outcome. The proposal to BPS members with using HES data more effectively drew a disappointing response as did the request to participate in the PBR consultation exercise. The work that the SIG sponsored on validation of the data collection in 2004 showed that clinically entered data was of very poor quality apart from a few committed centres.

Despite Payment by Results' effect of improving information on activity the information on case mix and outcomes is not routinely gathered. Thus there is a gap in the "market". The SIG needs to re-define itself and re-examine terms and conditions.

Any participation in this is welcome.

INTERVENTIONAL PAIN MEDICINE (IPM) SOCIETY SPECIAL INTEREST GROUP REPORT

DR RON COOPER, CHAIR

DR SANJEEVA GUPTA, TREASURER
DR PATRICK MCGOWAN, SECRETARY



The membership of the SIG stands at 113.

We had a successful annual meeting in Manchester on the 30th November 2007. The theme of the meeting was "Recent Advances in the Management of Spinal Pain". The meeting was well attended and stimulated a lot of interesting discussion. Topics included recent advances in conventional radiofrequency, cooled RF, pulsed RF, spinal cord stimulator for different conditions including abdominal pain, impact of herbal medicine on interventional pain procedures and interventional procedures in litigating patients. Audits presented included nucleoplasty, cordotomy for the cancer pain, non-particulate v/s particulate steroid for interventional procedures.

At present we are planning for the next Annual SIG meeting. Suggestions for venue and topics from the membership will be much appreciated and should be directed to Dr Cooper on arcooper@btinternet.com. If you have anything interesting to present please do not miss this opportunity!

At the forthcoming annual meeting in Liverpool in April 2008 the IPM SIG parallel session will be on Wednesday the 16th April 2008. The theme of the session is "Achieving better outcomes for spinal pain patients - role of interventional pain specialist". This is a very interesting topic and should stimulate good discussion and your presence and contribution will be much appreciated.

Most of us practice interventional procedures to help our patients. If you are not already a member of IPM SIG please get onto the BPS website and download the form and join the SIG.



NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MICK SERPELL, CHAIR

STEVE ALLEN, SECRETARY (SINCE APRIL 2004)
BARBARA HOGGART, TREASURER (SINCE APRIL 2004)

ELECTED COMMITTEE MEMBERS
JAYNE GALLAGHER (SINCE APRIL 2005)
DEJI OKUBADEJO (SINCE APRIL 2007)

Another year over and what have we done? Well, we're still here (75 members) and plodding on, but should we not be ploughing up fields of ignorance and apathy which hamper the proper management of our very own field of Neuropathic Pain (NP)? Yes, I think we are starting to do this.

One of our objectives is to improve the education of NP. Our workshop at the BPS ASM in Liverpool, April 2008, is on how we can improve the management of NP in Primary Care. This is, after all, where most chronic pain is managed. There have been significant strides forward with the development of the UK Primary Care Guidelines, refinement of diagnostic skills and awareness that NP may be present in conditions traditionally not thought to be NP.

Last year in Glasgow, we hosted a very successful and well attended workshop on the prevalence and early diagnosis of NP, and prophylactic management of PHN by vaccination. Drs Mike Bennett and Robert Johnson, with Professor Blair Smith, provided a very informative session on these topics.

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Council of the NP SIG decided not to host our own scientific meeting prior to the NeuP SIG of IASP satellite meeting in London, which occurs just prior to the World Pain Congress in Glasgow, August 2008. It was felt that over saturation on the topic of NP would be too much of a good thing (if that is possible)!! However we do encourage members to consider attending this event, visit their website for more details (www.neupsig.org).

Our other objectives (see the BPS website) include the improvement in clinical management of NP and promotion of research. Council did provide input in to the newly developed Primary Care Guidelines mentioned above, which should greatly harmonise and advance the pathway taken by the NP patient. However, we need to develop new tools and new ways of applying the tools we have. We need to prove their worth, and this can only be done by research. So let's get some muck spreading in this particular field.

The SIG relies on active membership to achieve its aims. We welcome, indeed we crave, the input of enthusiastic people who wish to join our society, and become members of the council. Those interested please contact the Secretary via "neuropsig@fsmail.net" or the British Pain Society secretariat, or myself. We would encourage as many of you as possible to come along to meet us and share your views at our AGM during the BPS conference. There is a lot to discuss!

We look forward to seeing you in Liverpool this April.

PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR JOHN GODDARD, CHAIR

DR CHRISTINA LIOSI, SECRETARY



Mary Rose, Chair, and Linda Buchanan, Secretary, stood down at the Annual Scientific Meeting. The SIG would like to thank them both for their stewardship. John Goddard has taken on the role of Chair and Christina Lioffi that of Secretary.

The Association of Paediatric Anaesthetists guideline “Good practice in postoperative and procedural pain”, upon which Mary Rose represented the British Pain Society is now available in draft for comment www.apagbi.org.uk/docs/Postoperative&Procedural_Pain.pdf. John Goddard has fed back on behalf of the SIG.

The Royal College of Paediatrics and Child Health has agreed to work collaboratively, providing methodological support, on the guidelines for the management of chronic non-malignant pain in children and young people. Invitations have been sent to professional bodies seeking nominations for the working party.

The SIG hosted a workshop at the 2007 ASM. Unfortunately, Christina Lioffi was unable to attend at short notice. Richard Howard extended his talk on the management of chronic pain in children and the participants were very positive in their feedback.

Finally, work is ongoing to produce criteria to enable prospective population of a database for chronic pain clinic activity.



PAIN EDUCATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR ELOISE CARR & DR DOUGLAS JUSTINS, CO-CHAIRS

SIG OFFICERS:
DR SANJEEVA GUPTA
DR MARCIA SCHOFIELD

MRS ANN TAYLOR
MR HUBERT VAN GRIENSVEN
DR PAUL WILKINSON



The launch of the SIG Pain Education was a great success at the ASM in Glasgow 2007 and currently there are more than 40 members. During the initial meeting several crucial areas of pain education were identified. These included topics such as undergraduate education, patient/public education, education in primary care, developing web-based resources for educators, and teaching communication skills. Clearly some of these activities will have synergy with and feed into the current work of the BPS's Education Committee but it is envisaged that the main focus for the SIG will fall on educational approaches (teaching methods) and on obtaining the resources for those delivering pain education.

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Following the ASM, elections were conducted for the posts of five SIG Officers. There was considerable interest and following e-mail nomination and voting the new Committee was formed. Each Officer is leading one of the workings groups: Dr Paul Wilkinson & Ann Taylor for 'Primary care'; Dr Marcia Schofield for 'Web resources'; Mr Hubert van Griensven for 'Undergraduate Education'; Dr Sanjeeva Gupta and Dr Eloise Carr for 'Pain in developing countries'.

The Committee have monthly telephone conferences and are currently preparing for the workshop at the 2008 ASM in Liverpool. This will include a session on undergraduate pain education and pain education for Primary Care teams. The sessions will be interactive with short presentations, group work, feedback and discussion. The session last year attracted well over 70 delegates which demonstrates the increasing interest in education and pain.

Looking further ahead, and recognizing the need to provide resources for the educators, the SIG is planning a series of seminars for 2008/9. These seminars will reflect the two central strands of activity for the SIG. One will consider theoretical aspects of various educational approaches and the other the practical delivery of pain education. Sharing new knowledge about pain education is a core activity of this SIG and this will be accomplished through the SIG webpage which currently holds notes of meetings but will be developed to include relevant articles and web resources.

Early signs are that the SIG on pain education is a worthwhile addition to the British Pain Society and members who are interested in any aspect of pain education are encouraged to join.

PAIN IN OLDER PEOPLE SOCIETY SPECIAL INTEREST GROUP REPORT

DR PATRICIA SCHOFIELD, CHAIR

DR DENIS MARTIN, CO-CHAIR

CAROLINE SWARBRICK, EDITORIAL LEAD



This SIG was newly formed in April 2007 at the ASM in a workshop dedicated to pain in older adults. Following the presentations, delegates were invited to give their opinion regarding the goals of the SIG and these included: promotion of equal access to pain management, fighting age related attitudes amongst health professionals, promotion of education and research, development of best practice guidelines and links with other organisations both nationally and internationally. Since the inaugural meeting contact has been made with the IASP older person SIG and information regarding our group has been published in their newsletter.

The presentations at the ASM included an update of the epidemiology of pain in older adults by Professor Gary Macfarlane from the Aberdeen Pain Research Collaboration (University of Aberdeen). This was followed by a presentation by Dr Beverly Collett (Immediate Past President - BPS) regarding the launch of the pain assessment guidelines.

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The pain assessment guidelines were launched in October 2007 and are available to be downloaded from the BGS or BPS web site. Plans are already underway to begin work on the next phase which will be guidelines on the management of pain in older adults. Several key individuals from both the British Pain Society and the British Geriatric Society have expressed an interest in being involved and it is anticipated that the SIG members will be able to take a more active role in their development. Based upon experience with the assessment guidelines, it is envisaged that the management guidelines will take some time to develop.

The first SIG study day has recently been facilitated in Teesside and, although numbers were small, it was a really good opportunity to debate the issues highlighted by the presenters (Dr Suzanne Leveille - falls, Dr Alice Jordon - Assessment in dementia). The next independent study day is planned for January 2009.

An exciting workshop around pain in older adults has been developed for the ASM in 2008 which may hopefully attract some new members.

The web site is accessible with information regarding the aims and objectives of the SIG along with the ASM presentations.



PAIN MANAGEMENT PROGRAMMES (PMP) SOCIETY SPECIAL INTEREST GROUP REPORT

DR DAVID WALSH, CHAIR

SIG COMMITTEE MEMBERS:
DAVID WALSH (MEDIC), CHAIRMAN
ANDREW LUCAS (PSYCHOLOGY),
TREASURER AND ACTING VICE CHAIR
JACQUELINE GOODALL (OT),
SECRETARY

MARY RICKETTS (NURSING)
CAROL SWEET (PHYSIOTHERAPY)

ALTERNATE MEMBERS ARE:
JANE ROGERS (NURSING)
KEVIN VOWLES (PSYCHOLOGY)

FRANCES COLE (MEDIC)
LOUISE HOGAN (OT)
BABS SHARP (PHYSIOTHERAPY).

The PMP SIG was formally incorporated into the British Pain Society in February 2006. The SIG aims to:

- Represent UK Pain Management Programmes
- Oversee the Pain Management Programmes National Conference
- Maintain a current register of UK Pain Management Programmes
- Liaise with the British Pain Society on issues regarding Pain Management Programmes and assist them in the development of education and training in pain.
- Act as a resource for information
- Promote inter-disciplinary and multi-disciplinary pain management
- Establish and maintain links with other professional organisations and societies related to Pain Management Programmes

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During 2007 the PMP SIG has continued to benefit from a close working relationship with the British Pain Society. The PMP SIG Committee meets at the Society's offices approximately 3 times per year.

The SIG will be presenting a session at the Annual Scientific Meeting of the Society on "Early access to evidence-based care within the modern NHS" looking at issues affecting access to Pain Management Programmes from perspectives of patients, clinicians and service providers.

The 2007 Pain Management Programmes National Conference, entitled "Making Waves" was successfully hosted at Southampton University. The conference attracted extremely positive feedback and has enabled the SIG to remain in a comfortable financial balance. Babs Sharp and the team there are to be congratulated. The Organising Committee for the 2009 conference, led by Dr Paul Wilkinson, is promising another superb programme in Newcastle.

The staff at the British Pain Society have developed a protected members' section on the Society website where the updated and expanded Directory of British Pain Management Programmes has been uploaded. This Directory would not have been possible without the hard work of SIG members, especially Paul Waring and Alison Booth at the Walton Centre. Dr Frances Cole has surveyed resources suggested by PMPs to patients and carers, and a summary will be made available on the members' website. SIG committee minutes will also be circulated through the website.

The SIG's gratitude and best wishes are conveyed to Penny Mortimer who stepped down from the position of Chair during 2007 in order to pursue elite physical activity during her retirement.

PHILOSOPHY AND ETHICS SOCIETY SPECIAL INTEREST GROUP REPORT

DR WILLY NOTCUTT, CHAIR

OFFICER:
DR PETER WEMYSS-GORMAN



The term “special interest” is perhaps inappropriate when applied to this group, with the implication that our “specialist” activities are irrelevant to the bleak reality of everyday life in clinic, ward and theatre. This would be a quite wrong impression, as the problems we explore are those which must trouble anyone engaged in pain medicine. We feel we give a service to participants in our annual meetings and all members of the Society through our transcripts and reports in the Newsletter. We meet as clinicians, not as philosophers, and our discourse always comes back to clinical matters even when we have strayed into more “cerebral” realms. Our workshop at the Glasgow ASM, discussing the merits of an ethical Code of Practice for the Society, was a good example of the more practical side of our activities.

The main subject of our Annual Meeting, *Suffering and the World’s Religions* addressed not only the question “why am I suffering?” (to which a simple “medical” answer is frequently inadequate), but also the uncertainties that assail all of us some of the time in the face of suffering we have failed adequately to relieve. This, of course, is not simply a philosophical matter but is also of practical importance to those serving a multicultural, multi-faith community. We heard expositions by representatives of Judaism, Christianity, Islam, Hinduism and Buddhism, as well as a Humanist overview and an exploration of the problems of providing spiritual care in a secular society. Although the question “Why is there suffering?” seemed to remain an impenetrable mystery, at least in a theistic context, we had some success in finding explanations that might help people to accept their pain and help us to accept our inability to relieve it.

On the second day we moved to practical matters with a discussion on what pain clinics are for in the 21st century. We agreed there is a place for a broad interventional-based approach, particularly early to prevent chronicity. With the delegation to primary care and Allied Professions, Doctors in pain clinics will be more and more concerned with complex physical and psychological pain problems. This is expensive and the prioritisation of limited resources needs to be urgently addressed by the profession. There were also discussions on the clash of managerialism and professionalism and dealing with manipulative and dishonest patients. A full transcript, in booklet form, will be available soon.

Finance remains a source of anxiety. A large proportion of our members have relatively small incomes and decreasing access to study leave funding, so we are anxious to keep fees to a minimum. We are much indebted to NAPP pharmaceuticals for their continuing support, but, compared with some other SIG’s we have relatively little access to sponsorship. We continue to operate within tight margins. Hitherto the burden of administrative costs has fallen on the shoulders of those attending the annual meeting, and we are considering the possibility of levying a subscription from the membership as a whole. However, there are two problems: (i) we do not have a defined membership, and (ii) the BPS constitution obliges us to seek permission from Council. A possible way forward is to ask for voluntary contributions to a contingency fund. But we submit (and this applies to other SIGs) that, as our activities are for the benefit of the Society and the profession as a whole, consideration should be given to the possibility of subsidising SIGs from Society funds.

31.12.07

Office Equipment

1,530 Balance at 1st January
5,173 Additions

21,362

THE BRITISH PAIN SOCIETY

1,849

Less: Depreciation

REGISTERED CHARITY NO. 1103260

REGISTERED COMPANY NO. 5021381

CURRENT ASSETS

2,573 Debtors and Prepayment

18,569

3,481 CAF Gold Account

3

6,663 Barclays Account

3,450 Barclays Business

Tracker

16,903

(520) Barclays Business

78

7,640 Charities Deposits

8,159 Caf Cash Account

499,814

1,446

143,115

CURRENT LIABILITIES

913,155

7,550

3,896

ACCOUNTS FOR THE YEAR ENDED

165,509

31st DECEMBER 2007

747,640

£766,210

Represented by:

ACCUMULATED RESERVES

Unrestricted Reserves

1,353 General:

230,791

6,658 Designated: I. Bainbridge

66,658

SANDISON LANG & CO.

CHARTERED ACCOUNTANTS

243,836

3,362 Designated: ASM

2,804 Designated: SIF

46,481

2,625 Designated: SIF

32,100

2, ST MARY'S ROAD

(25) Designated: SIF

TONBRIDGE

619

KENT TN9 2LB

8,481 M B Clulow

121,345

Pfizer Grant

25,000

5,258

14

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NOTES TO THE ACCOUNTS	A12 TO A18

LEGAL & ADMINISTRATIVE INFORMATION

REGISTERED OFFICE:	THIRD FLOOR CHURCHILL HOUSE 35 RED LION SQUARE LONDON WC1R 4SG
BANKERS:	CAF BANK 25 KINGS HILL AVENUE KINGS HILL WEST MALLING KENT ME19 4JQ
SOLICITOR:	HEMPSONS SOLICITORS HEMPSONS HOUSE 40 VILLIERS STREET LONDON WC2N 6NJ
AUDITOR:	SANDISON LANG & CO 2 ST. MARY'S ROAD TONBRIDGE KENT TN9 2LB

THE BRITISH PAIN SOCIETY DIRECTORS' REPORT

For the period 1st January – 31st December 2007

The British Pain Society is the largest multidisciplinary, professional organisation comprising doctors, nurses, physiotherapists, scientists, psychologists, occupational therapists, and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research, within the UK. As of 31st December 2007 there were 1,643 members. The Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).

The Directors present their Annual Report and audited Financial Statements for year 1st January – 31st December 2007. The Report is prepared in accordance with the recommendations of “Accounting and Reporting by Charities: Statement of Recommended Practice” (revised 2005) -- and complies with applicable law.

1. ORGANISATIONAL STRUCTURE

The governing document of the British Pain Society is the Memorandum and Articles of Association, along with the Regulations. There are no restrictions in the governing documents on the activity of the Society.

The Directors are appointed by ballot of the members, except for the Honorary Secretary and Honorary Treasurer who are appointed by the Directors. Any Ordinary Member of the Society is entitled to stand for election to the post of Director/Trustee. Only Members who have previously served as Trustees of the Pain Society, the British Pain Society, or as Board members of either the International Association for the Study of Pain (IASP) or the European Federation of IASP Chapters are eligible to stand for the post of Honorary Secretary or Honorary Treasurer. It is planned for all new directors to have a half-day for training and induction.

The Board of the Society meets at least four times a year. All the decisions related to the management of the Society are made by the Board at these meetings. The Executive and Finance committee sets the Agenda for the Board meeting, and takes overall responsibility for the day-to-day running of the Society. There is support for the Board from the following subcommittees: Cancer Pain Committee, Scientific Programme Committee, Communications Committee, Patient Liaison Committee, Science and Research Committee and Education Committee.

The Board is supported by a Secretariat of four. The Secretariat deals with the day to day running of the Society, in the organisation of the various meetings promoted by the Society and managing the membership of the Society. All executive decisions are made by the Board or the Officers, who are the President, the President-elect (if applicable), the Honorary Treasurer, the Honorary Treasurer-elect (if applicable), the Honorary Secretary and the Honorary Secretary-elect (if applicable) and the immediate Past President (if applicable).

An Annual General Meeting of the members is held at the time of the Annual Scientific Meeting.

During the last year, the Society has approved the formation of two Society Special Interest Groups; the Pain Education Society SIG and the Pain in Older People Society SIG. There are now nine Society Special Interest Groups; Acute Pain, Clinical Information, Interventional Pain Medicine, Neuropathic Pain, Pain in Children, Pain Management Programmes, Philosophy & Ethics, Pain Education and Older People. The governance of these groups is established within the Articles and Regulation of the Society.

Since the Society's annual turnover exceeds £250,000, it is necessary to identify areas of risk within the Society and actions that have been taken by Council to minimise or eliminate these. The specific areas of risk identified are as follows:

- *Financial probity:* The Directors have established systems of internal control, comprising financial estimates and annual budgets, delegated authorities for operational management and segregation of duties, reviews of financial and investment performance and the identification and management of risks, in accordance with the publication CC8 “Internal Financial Controls for Charities”. The internal controls have been formalized and are set out as Finance Procedures for the Society.

The internal controls are subject to ongoing assessment and evaluation by the directors. At least two meetings a year are held to consider financial management and performance in detail. In addition, the Honorary Treasurer reports on financial matters to each board meeting of the Society, comprising directors and co-opted members. These meetings record the formal review and approval of all aspects of finance, internal controls and accounts.

- *Staff retention:* The Society wishes to retain its Secretariat staff. They become familiar with the Society's activities over a year or so and it is in our interests to avoid rapid turnover. To this end the Directors have attempted to provide a better and structured salary system and improve morale by allocating specific areas of responsibility on a regular basis. Appraisal is now a regular event for members of the secretariat. Following a full assessment of the working practices of the members of the secretariat a fourth permanent member of staff was appointed.
- *Information Technology and Data Protection:* The Society has a database system in operation and has also developed a website. Data protection and antiviral systems are in place, the data is backed up daily. To ensure compliance with data protection legislation, the Directors will appoint one of their number to be the Data Protection Compliance Officer. Compliance with the data protection act is assessed regularly and procedures are in place to ensure that this compliance is maintained.
- Health and Safety
 - The board accepts formally and publicly its collective role in providing health and safety leadership in its organisation
 - Each member of the board accepts their individual role in providing health and safety leadership for their organisation
 - The board will ensure that all board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement
 - The board recognises its role in engaging the active participation of workers in improving health and safety
 - The board will ensure that it is kept informed of and alert to, relevant health and safety risk management issues. In view of the Health and Safety Commission recommendations, the board will appoint one of its number to be the "health and safety director"

In line with Statutory requirements, the Society has Employers Liability Insurance, Public Liability Insurance and Personal Accident Insurance, the levels of which are reassessed on a regular basis.

2. OBJECTIVES AND ACTIVITIES

The British Pain Society aims to:

- provide facilities for the exchange of information, opinions and experience about pain between active workers in the field;
- increase awareness of pain prevalence, disability and pain management among health care and other professionals and the public;
- promote education and training in pain management and research into the understanding and relief of pain; institute or assist in instituting, and provide continuing support for, pain research
- cause to be written, published, produced and circulated, and to encourage contributions to and publication and production of, periodicals, journals, books, papers, abstracts, pamphlets, posters and other documents and films, videos, recorded tapes and communications in any medium;
- endow Chairs, Readerships, Scholarships, Fellowships and Lectureships at, and provide other support to, appropriate institutions to facilitate the conduct of study and research in furtherance of the Objects;
- to disseminate the useful results of research;
- to sponsor and hold meetings, symposia, conferences, lectures, classes, seminars, courses and exhibitions either alone or with others; and

- to encourage and promote the study and research into aspects of pain, the Society offers five bursaries/grants that are available to its members; the "Mildred B Clulow Research Award", the "Patrick Wall Overseas Travel Bursary", the "British Pain Society Annual Scientific Meeting Bursary", "The British Pain Society Study Day Bursary" and the "International Association for the Study of Pain World Congress Bursary". Full details of the awards, including eligibility and application forms, are available on the Society website.

3. ACHIEVEMENTS AND PERFORMANCE

The Society continued to provide an educational programme to increase the knowledge of pain management to both professionals and lay people within the remit of the Memoranda and Articles of Association. It has been successful in producing the following series of meetings and publications:

Society Meetings/Events

- The Society held its 40th Annual Scientific Meeting (ASM) in Glasgow on 24-27 April 2007, which was attended by 928 participants.
- On 15th October, the Patient Liaison Committee of the Society organised a seminar entitled 'Pain in Women' which was attended by 46 representatives from different organisations interested in matters related to pain in women.
- The Education Committee continued its 'Learning in Pain Series' which aims to provide comprehensive learning in pain medicine as per the IASP curriculum as a series of one day study days. Four study days were held in 2007:
 - 5th Study Day 'Psychology of chronic pain and suffering' was held on 9th January
 - 6th Study Day 'Opioids and problem drug use' was held on 9th May
 - 7th Study Day 'Headache and facial pain' was held on 24 September
 - 8th Study Day 'Cancer pain' was held on 5th December

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SIG Meetings/Events

- On 6-7th September, the Pain Management Programme SIG held a meeting at the University of Southampton.
- The Interventional Pain Medicine Society SIG held a one-day seminar on 'Recent advances on interventional techniques for spinal pain on 30th November 2007.

Publications

- The final version of the *Recommended guidelines for pain management programmes for adults* was launched in April.
- The final version of the *Pain and substance misuse; improving the patient experience* was launched in August.
- The Society launched a joint publication with the British Geriatrics Society entitled '*Guidelines for the assessment of pain in the older person*' in October.
- The Society's quarterly Newsletter has been reviewed and the revised '*Pain News*' was launched in the summer.
- The Society continues to provide its quarterly Newsletter free of charge to its members.
- All the Society's publications and patient information leaflets are available to download free of charge from the website.

Bursaries & Grants

- The Society awarded 20 members of the Society bursaries to attend its ASM in Glasgow in April.
- The Society awarded 1 member of the Society the Mildred Clulow Research Grant.

Involvement with other bodies

- The Society has continued to be involved in the work of *The Chronic Pain Policy Coalition*, which is an umbrella organisation uniting patients, professionals and parliamentarians which will develop and help to implement a strategy for improving the prevention and treatment of chronic pain in the UK.
- The Society is a generic stakeholder for NICE (National Institute for Health and Clinical Excellence) guidelines.
- The Society is a generic stakeholder for Interventional Procedures and Health Technology Assessment for NICE in addition to being generic stakeholders for NICE guidelines.
- The Society is an NCCHTA (National Coordinating Centre for Health Technology Assessment) Affiliate Organisation.
- The Society is represented on the Joint Committee on Good Practice, which is run jointly by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland.
- The Society is a member of the Association of Medical Research Charities (AMRC).
- The Society is a member of the Long-term Conditions Alliance (LTCA)
- The Society has representation on the Founding Board of the Faculty of Pain Medicine and the Pain Management Committee of the Royal College of Anaesthetists and reciprocal representation on the Executive of the Association for Palliative Medicine.
- A representative from the Royal College of Anaesthetists, the Association for Palliative Medicine, the British Neuroscience Association, the Royal College of General Practitioners and the International Association for the Study of Pain (IASP) sits on the British Pain Society Council as co-opted members.
- The Society sent representation to events organised by the French Pain Society, the British Society for Rheumatology, and the Association of Medical Research Charities (AMRC).

Information for people affected by pain

- The Society, although an organisation for healthcare professionals, provides a list of 10 nearest pain clinics, a copy of the British Pain Society publication *Understanding and Managing Pain: Information for Patients* and a list of self-help groups and other useful addresses to people affected by pain who contact the Society.

4. FINANCIAL REVIEW

As shown in the financial statements there are accumulated reserves of £766215 of which £146345 is in restricted funds, this being the sum of the Mildred B Clulow legacy and interest and the Pfizer Award (note 12 to the financial statements). The sum of £66658 (the income from the Irene Bainbridge legacy) has been put into a designated reserve to support the restricted fund. The net SIG funds of £46481 are designated within the Society accounts to further the activities of the specific SIGs.

The Society continues to expand its educational activities, including seminars for General Practitioners and a series of Seminars. These meetings are supported by unconditional educational grants from various companies, and for transparency they are accounted for separately. These reserves include a grant of £25,000 from Pfizer Ltd to support the seminars on pain management. This reserve of £32104 is to support the extra educational activity of the Society. £243836 are accumulated ASM surpluses, which can only be used for educational purposes and to support future Annual Scientific Meetings.

The Directors have reviewed the Society's needs for reserves in line with the guidance issued by the Charity Commission and have made the following provision:

- £200000 is to be kept in reserve to cover the ongoing costs of the Society should there be a failure of income from subscriptions.
- £243836 is to be kept in reserve to cover the potential loss that would arise should there be a fall in the number of delegates attending the Annual Scientific Meeting below the expected level. This would be met from the prior year accumulated surpluses, as noted above.

- The residue of £30791 is to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base. The principal source of funding comes from the subscriptions of the members. We have received bequests and grants, which are specified in the accounts of the Society. This income has supported the activity of the Society recorded above. The Annual Scientific Meeting is expected to be self-funding, and no surplus is budgeted for.

5. PLANS FOR FUTURE PERIODS

- The British Pain Society's 41st Annual Scientific Meeting will be held at the Arena and Convention Centre in Liverpool on 15-18th April 2008;
- The Society has recently undertaken a review of the design and format of all its publications, and will be implementing the new format in the new year.
- The British Pain Society is undertaking a review of the patient publication *Understanding and Managing Pain* which will be launched in 2008.
- The final version of the *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice* will be launched by the summer.
- The Society will continue work on producing two new BPS publications: *Recommendations for management of chronic non-malignant pain in children and young people*, which will be led by the Pain in Children SIG, and *Cancer pain management*.
- The Society will launch a joint publication with the Royal College of General Practitioners entitled '*Pain management in Primary Care*' in 2008.
- The Society will launch a joint publication with Help the Aged on 'pain in older people'.
- The Society will continue to review *Recommendations for the appropriate use of opioids for persistent non-cancer pain* for launch in 2008.
- The Society will undertake a review of the publication '*The use of drugs beyond licence in palliative care and pain management*'.
- The Society will undertake a review of the publication '*Spinal cord stimulation for the management of pain; recommendations for best practice*'.
- The Philosophy & Ethics SIG will hold its annual meeting on Monday 23 - Thursday 26 June at Launde Abbey, Leicester.
- The Pain in Older People SIG will hold their first meeting on 'Pain in Older People: New Directions' on Wednesday 23rd January at Teeside University, Middlesbrough.
- The Society will hold 4 study days during the course of the year; 'Visceral Pain', 'Neuropathic Pain', 'Research Methodology' and 'Back Pain'.
- The Education Committee will be running a meeting on 'Pain Management for General Practitioners' on Saturday 1st March.
- The Society continues to research the feasibility of instigating a Research Foundation, with a substantial fundraising project to acquire a capital sum that would generate sufficient income to support one or two pre- or post-doctorate fellows engaged in clinically orientated pain research.

CONTINUED

6. DIRECTORS FOR THE PERIOD 1ST JANUARY-27TH APRIL 2007

Dr J.B. Hester	President
Dr B.J. Collett	Immediate Past President
Dr C. Stannard	Honorary Secretary
Dr G.R. Harrison	Honorary Treasurer
Dr W. Campbell	Honorary Secretary Elect
Dr P. Evans	Honorary Treasurer Elect
Dr N. Allcock	Council Member
Prof. R. Langford	Council Member
Dr K. Milligan	Council Member
Prof. S Morley	Council Member
Dr C. Price	Council Member
Prof. J. Raphael	Council Member
Dr J. Richardson	Council Member
Dr S. Thomson	Council Member

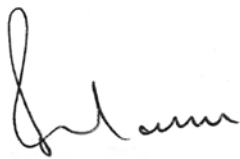
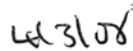
DIRECTORS FOR THE PERIOD 27TH APRIL - 31ST DECEMBER 2007

Dr J.B. Hester	President
Dr W. Campbell	Honorary Secretary
Dr P. Evans	Honorary Treasurer
Dr N. Allcock	Council Member
Dr E. Carr	Council Member
Dr D. Counsell	Council Member
Dr J. Goddard	Council Member
Prof. R. Langford	Council Member
Dr C. Price	Council Member
Prof. J. Raphael	Council Member
Dr J. Richardson	Council Member
Dr S. Thomson	Council Member

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STAFF MEMBERS AS AT 31ST DECEMBER 2007

Miss Jenny Duncan	Secretariat Manager
Miss Rikke Warming	Development & Administrative Co-ordinator
Mr Ken Obbard	Events & Administrative Co-ordinator
Mr Craig Stewart	Membership & Communications Co-ordinator

DR. P. EVANS (HONORARY TREASURER)
THE BRITISH PAIN SOCIETY

REPORT OF THE INDEPENDENT AUDITORS TO THE TRUSTEES OF THE BRITISH PAIN SOCIETY

We have audited the financial statements of The British Pain Society for the period ended 31st December 2007 on pages 10-17. These financial statements have been prepared under the accounting policies set out therein [and the requirements of the Financial Reporting Standard for Smaller Entities].

This report is made solely to the charity's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the Charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To use fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As described in the statement of Trustees' Responsibilities, the trustees (who are also the Directors of The British Pain Society for the purposes of company Law, are responsible for the preparation of the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards. (United Kingdom Generally Accepted Accounting Practice).

Our responsibility is to audit the financial statements in accordance with the relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you if, in our opinion, the Trustees' Annual Report is consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information is specified by law regarding trustees' remuneration and transactions with the company is not disclosed.

We read the Trustees' Annual Report and consider the implications for our report if we become aware of any apparent misstatements within it.

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BASIS OF OPINION

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.


We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

OPINION

In our opinion the financial statements:

- give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice [applicable to Smaller Entities] of the state of the Society's affairs as at 31st December 2007 and of its incoming resources and applications of resources, including its income and expenditure, in the year then ended; and
- have been properly prepared in accordance with the Companies Act 1985.

In our opinion the information given in the Trustees' Annual Report is consistent with the financial statements.

 5/3/08

Sandison Lang & Co. - Registered Auditors - 2 St. Mary's Road - Tonbridge - Kent TN9 2LB

THE BRITISH PAIN SOCIETY
STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2007

		Unrestricted	Restricted	Total Funds	Total Funds
INCOMING RESOURCES	Notes	Funds	Funds	2007	2006
INCOMING RESOURCES FROM GENERATED FUNDS					
Voluntary Income					
Subscriptions		149,280		149,280	146,674
Donations, legacies & similar		56		56	34,871
Activities for generating funds					
Label sales		26		26	702
Investment income					
Interest received	11	34,654	7,874	42,528	29,447
Incoming resources from charitable activities					
Meeting income	2	415,893		415,893	405,327
Newsletter advertising & booklets		23,075		23,075	26,970
General Publications		503		503	159
Publications	8	1,487		1,487	5,059
Research Awards and Grants		1,000	25,000	26,000	20,000
PLC Annual Voluntary Seminar		-		-	2,500
SIGS	5a	57,351		57,351	51,848
Study Days	6a	12,188		12,188	17,025
Education Days	6b	2,925		2,925	1,125
Other incoming resources					
Other income		(2,592)		(2,592)	232
TOTAL INCOMING RESOURCES		£695,846	£32,874	£728,720	£741,939

THE BRITISH PAIN SOCIETY

STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2007 (continued)

RESOURCES EXPENDED		Unrestricted	Restricted	Total Funds	Total Funds
	Notes	Funds	Funds	2007	2006
Costs of generating voluntary income					
Functions costs-BPS promotions/Public Affairs		2,253		2,253	278
Charitable expenditure					
Research grants			25,000	25,000	29,629
Meeting expenses	2	485,419		485,419	412,521
Sub-Committee expenses		4,545		4,545	3,198
Core Com/SIGS	5a	33,674		33,674	36,701
Working Parties	5b	4,040		4,040	1,580
Strategy Day-meetings		2,192		2,192	4,353
PLC Annual Voluntary Seminar		1,989		1,989	2,525
Study Days	6a	11,889		11,889	11,847
Education Days	6b	3,745		3,745	368
Professional Meetings	9	964		964	6,693
Other meeting expenses		1,700		1,700	2,279
Miscellaneous expenses		244		244	777
Newsletter & Journal		38,498		38,498	24,121
Website		3,804		3,804	15,233
General Charitable Publications		469		469	1,414
Publications	8	27,370		27,370	21,301
Rent & Service Charges		14,045		14,045	4,735
Secretarial & other staff costs		84,783		84,783	31,309
Printing & postage		5,952		5,952	4,757
Telephone & fax costs		3,309		3,309	1,197
Computer system & software		13,058		13,058	13,644
Premises Rates & Insurance		1,310		1,310	1,795
Office stationery & photocopying		2,445		2,445	2,008
Professional fees		405		405	1,171
Subscriptions		315		315	410
Bank charges		2,316	10	2,326	4,282
Churchill House move costs	10	13,279		13,279	7,701
Depreciation		4,642		4,642	5,341
Governance Costs					
Council expenses	7	6,395		6,395	12,147
Induction of Trustees		307		307	1,269
Audit & accountancy		9,253		9,253	6,347
Legal fees		213		213	14,284
Annual Election Expenditure		2,645		2,645	3,164
Annual Report		5,286		5,286	12,103
TOTAL RESOURCES EXPENDED		792,753	25,010	817,763	702,482
Net movement in funds		(96,907)	7,864	(89,043)	39,457
Total funds brought forward		716,777	138,481	855,258	815,801
TOTAL FUNDS CARRIED FORWARD		£619,870	£146,345	£766,215	£855,258

THE BRITISH PAIN SOCIETY BALANCE SHEET

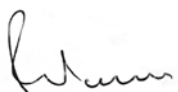
as at 31st December 2007

31.12.06	Notes	31.12.07
FIXED ASSETS		
Office Equipment		
11,530	Balance at 1st January	21,362
15,173	Additions	1,849
26,703		23,211
5,341	Less: Depreciation	4,642
21,362		18,569
CURRENT ASSETS		
172,573	Debtors and Prepayments 3	60,705
183,481	CAF Gold Account	192,540
306,663	Barclays Account	16,903
13,450	Barclays Business Base Rate Tracker	78
(520)	Barclays Business Card	-
247,640	Charities Deposit Fund	499,814
68,159	Caf Cash Account	143,115
991,446		913,155
CURRENT LIABILITIES		
157,550	Creditors and Accruals 4	165,509
833,896		747,646
£855,258	NET ASSETS	£766,215
Represented by:		
ACCUMULATED RESERVES		
Unrestricted Reserves		
281,353	General:	230,791
66,658	Designated: I. Bainbridge	66,658
313,362	Designated: ASM	243,836
22,804	Designated: SIGS	46,481
32,625	Designated: Study Days & Education Days	32,104
(25)	Designated: PLC Seminar	-
		619,870
Restricted Reserves 12		
138,481	M B Clulow	121,345
	Pfizer Grant	25,000
£855,258		£766,215

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These accounts are prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small entities.

Approved by the Directors and Signed on their behalf

by: 
Dated: 4/3/08

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31ST DECEMBER 2007

1 ACCOUNTING POLICIES

A) BASIS OF PREPARATION OF ACCOUNTS

The accounts have been prepared on the basis of historic cost (except that investments are shown at market value) in accordance with Accounting and Reporting by Charities-Statement of Recommended Practice (SORP 2005)

B) RESTRICTED AND UNRESTRICTED FUNDS

Restricted funds are subject to specific conditions imposed by the donor which are binding on the council. Unrestricted funds have no restrictions on their use.

C) DEPRECIATION

Depreciation is charged to write off the cost of fixed assets at the following rates:
Office Equipment - 20% on a reducing balance basis.

2 ANNUAL SCIENTIFIC MEETING

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2007 Income and Expenditure Account	£	£
Income		415,893
		415,893
Expenses		
Room Hire	141,940	
Venue-miscellaneous	26,130	
Printing	21,915	
Help at Venue	876	
Speakers expenses (inc. travel & accom.)	34,027	
Refreshments	36,200	
Coaching	2,075	
Poster Prizes	1,000	
Gifts	1,273	
AVA's/Data Protection	295	
Van Hire	2,098	
Presidents Dinner	837	
Council	10,775	
Staff	4,717	
PLC Committee Members	469	
Social program	32,248	
Insurance	4,051	
Badges	774	
Signage	447	
Flowers	550	
Other Prizes	909	
Miscellaneous	1,983	
Bursaries	6,433	
Stuffing Delegates Bags	751	
		332,773
Office Cost Contribution		152,646
Net Surplus		(69,526)

CONTINUED

APPORTIONED ASM EXPENDITURE

As agreed for 2007 some staff and office costs are apportioned 50% to the Annual Scientific Meeting and 50% to general fund costs. (2006 apportionment 75% to ASM and 25% to general fund costs). 100% of the annual audit cost is attributed this year to this meeting being £1,600 (2006 £1,550).

3 DEBTORS AND PREPAYMENTS

	2007	2006
Advance Meeting Costs	35,471	88,564
Secretariat Invoices	25,234	84,009
	<u>£ 60,705</u>	<u>£ 172,573</u>

4 CREDITORS AND ACCRUALS

	2007	2006
Creditors	57,865	40,009
Creditor AAGBI	40,104	25,249
Annual Scientific Meeting 2006	40,000	64,000
B Clulow	25,000	25,000
Accruals	2,540	3,292
	<u>£ 165,509</u>	<u>£ 157,550</u>

5A SIGS

	Opening Balance 01.01.2007	Income	Expenditure	Closing Balance 31.12.2007
Philosophy & Ethics	91	6,255	5,772	574
Acute Pain	6,580	-	-	6,580
Neuropathic Pain	650	-	-	650
Interventional Pain Management	4,898	12,140	10,018	7,020
Clinical Information	21,424	-	4,140	17,284
Pain Management Programmes	(10,839)	38,956	13,321	14,796
Pain Education	-	-	55	(55)
Older People	-	-	368	(368)
	<u>£ 22,804</u>	<u>£ 57,351</u>	<u>£ 33,674</u>	<u>£ 46,481</u>

CONTINUED

5B WORKING PARTIES

	Opening Balance 01.01.2007	Income	Expenditure	Closing Balance 31.12.2007
Opioid Recommendations	-	-	62	(62)
Desirable Criteria for PM	(1,204)	-	131	(1,335)
HRG	(31)	-	-	(31)
Intrathecal Drug Delivery System	(2,869)	-	-	(2,869)
Pain & Substance Misuse	(2,787)	-	461	(3,248)
Understanding & Managing Pain	-	-	763	(763)
Pain Management Programme	-	-	420	(420)
Nurse Recommendations	-	-	1,286	(1,286)
Cancer Pain Committee	-	-	917	(917)
	<u>(6,891)</u>	-	<u>4,040</u>	<u>(10,931)</u>

6A STUDY DAYS

	Opening Balance 01.01.2007	Income	Expenditure	Closing Balance 31.12.2007
1st Study Day - 6th January 2006	2,806	-	122	1,964
2nd Study Day- 21st June 2006	3,338	-	-	3,338
3rd Study Day- 22nd June 2006	3,850	-	234	3,616
4th Study Day- 21st October 2006	1,236	-	146	1,090
5th Study Day - 9th January 2007	1,400	1,800	2,305	895
6th Study Day - 5th May 2007	-	3,700	3,152	548
7th Study Day - 24th September 2007	-	3,788	3,179	609
8th Study Day - 5th December 2007	-	2,400	2,246	154
9th Study Day - 31st January 2008	-	500	505	(5)
Study Day - miscellaneous	(42)	-	-	(42)
	<u>£ 11,868</u>	<u>£ 12,188</u>	<u>£ 11,889</u>	<u>£ 12,167</u>

6B EDUCATION DAYS

	Opening Balance 01.01.2007	Income	Expenditure	Closing Balance 31.12.2007
1st March 2007	20,757	2,725	2,335	21,147
1st March 2008	-	-	1,410	(1,410)
Primary Care Education Day Sponsorship	-	200	-	200
	<u>£ 20,757</u>	<u>£ 2,925</u>	<u>£ 3,745</u>	<u>£ 19,937</u>
TOTAL Study Days & Education Days	<u>£ 32,625</u>	<u>£ 15,113</u>	<u>£ 15,634</u>	<u>£ 32,104</u>

CONTINUED

7 COUNCIL EXPENSES

	2007	2006
Meeting - Catering	1,289	2,786
Meeting - Room Hire	-	358
Meeting - Travelling	4,134	6,496
Meeting - Hotels	972	1,304
Misc. Expenses	-	1,203
	£ 6,395	£ 12,147

In addition, an amount has been charged directly to the ASM.

8 PUBLICATIONS

	Income	Expenditure	Net Movement 2007
Nursing Practice	-	-	-
Understanding & Managing Pain	-	3,416	(3,416)
Spinal Cord Stimulation	662	926	(264)
Opioid Recommendations	803	926	(123)
Drugs Beyond Licence	4	-	4
Intrathecal Drug Delivery	-	4,775	(4,775)
Pain & Substance Misuse	12	4,900	(4,888)
Pain Management Programme	6	4,224	(4,218)
Rec. Management of Chronic Pain	-	-	-
Help The Aged	-	8,203	(8,203)
	£ 1,487	£ 27,370	£ (25,883)

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9 PROFESSIONAL MEETINGS

	2007
Chronic Pain Policy Coalition Launch	15
Finance Meetings	14
BPS/Industry Drinks Reception	-
Expert Patients Programme(EPP)	-
DoH/Professional Bodies	784
British Geriatrics Society	151
Parliamentary Reception	-
	£ 964

10 CHURCHILL HOUSE MOVE COSTS

	2007
General Costs- Building Works	9,960
General Costs- IT	-
General Costs- misc	105
Legal Costs	3,214
	£ 13,279

11 DESIGNATED RESERVES

IRENE BAINBRIDGE LEGACY

The following designated fund is the sum from a legacy received in 2005, from Irene Bainbridge.

Its designation is as follows: "Basic research into the causes and cures for pain".

	2007	2006
Balance at 1st January	66,658	66,658
Incoming Resources	-	-
Expenditure	-	-
Balance as at 31st December	66,658	66,658

ASM

The Designated ASM Funds are accumulation of surpluses from meetings over several years and are to be spent on education and research. These funds are represented by:

	2007	2006
Balance at 1st January	313,362	320,556
Incoming Resources ASM	415,893	405,327
Expenditure ASM	(485,419)	(412,521)
Balance as at 31st December	£ 243,836	£ 313,362

SIGS

The Designated SIGS funds also accumulate surpluses which are to be spent to further the work of the individual SIGS as listed in note 5a.

These funds are represented by:

	2007	2006
Balance at 1st January	22,804	7,657
Incoming Resources SIGS	57,351	51,848
Expenditure SIGS	(33,674)	(36,701)
Balance as at 31st December	£ 46,481	£ 22,804

STUDY DAYS

The Designated Study Days Funds also accumulate surpluses which are to be spent on Study and Education Days

	2007	2006
Balance at 1st January	11,868	6,700
Incoming Resources Study Days	12,188	17,025
Expenditure Study Days	(11,889)	(11,857)
Balance as at 31st December	£ 12,167	£ 11,868

CONTINUED

EDUCATION DAYS

The Designated Education Days Funds also accumulate surpluses which are to be spent on Study and Education Days.

	2007	2006
Balance at 1st January	20,757	20,000
Incoming Resources Education Days	2,925	1,125
Expenditure Education Days	<u>(3,745)</u>	<u>(368)</u>
Balance as at 31st December	£ 19,937	£ 20,757

PLC SEMINAR SPONSORSHIP

In 2007 the PLC Seminar received no sponsorship and therefore the brought forward loss has been written off to the general funds of the charity:

	2007	2006
Balance at 1st January	(25)	-
Incoming Resources	-	2,500
Expenditure	-	(2,525)
Transfer from General Funds	25	-
Balance at 31st December	<u>-</u>	<u>(25)</u>
Total Designated Reserves at 31st December 2007	<u>£ 389,079</u>	<u>£ 435,424</u>

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12 RESTRICTED FUNDS

LEGACY

The following restricted fund is the sum and associated interest from a legacy received in 2001, from Mildred B Clulow , original amount £121,281.62 and a further £34,000 received in 2006.

Its restriction is as follows: “Basic research into the causes and cures for pain”.

	2007	2006
Balance at 1st January	138,481	123,199
Incoming Resources	-	34,000
Expenditure	(25,000)	(25,000)
Charges	(10)	(10)
Interest	7,874	6,292
Balance at 31st December 2006	<u>£ 121,345</u>	<u>£ 138,481</u>

CONTINUED

2007 FUNDS FOR PFIZER NEUROPATHIC PAIN AWARDS

	2007	2006
Balance at 1st January	-	50,000
Incoming Resources	25,000	25,000
Expenditure	-	(75,000)
Balance at 31st December	<u>£ 25,000</u>	<u>-</u>
Total Restricted Reserves at 31st December	<u>£ 146,345</u>	<u>£ 138,481</u>

13 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Reserves	Restricted Reserves	Total 2007
Fixed Assets	18,569	-	18,569
Net Current Assets	601,301	146,345	747,646
	<u>£ 619,870</u>	<u>£ 146,345</u>	<u>£ 766,215</u>

14 DIRECTORS EXPENSES

During the period a total of £11,902.43 was reimbursed to Directors expenses incurred. (Reimbursements for 2006 £13,137.09)

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15 EMPLOYEES' REMUNERATION

Total remuneration (excluding employer's contributions) for the year amounted to

Salaries	2007	2006
General Charitable Activities	55,986	21,071
Average number of staff in year - 4		
Apportioned ASM	55,806	73,309
Average number of staff in year - 4		
Temporary staff	1,351	129
Average number of staff in year - 3		
	<u>£ 113,143</u>	<u>£ 94,509</u>
Employer's contributions:	2007	2006
Employers Pension Contribution	2,837	1,149
Employers Nat. Insurance Contribution	6,026	2,233
	<u>8,863</u>	<u>3,382</u>
Total cost to charity	<u>£ 122,006</u>	<u>£ 97,891</u>

16 GRANTS

The annual report details the grants offered by the charity. In 2007 the allowance for the Clulow award was £25,000, which is to be paid out in 2008. (In 2006 the grants awarded were Patrick Wall £4,629 and Clulow £25,000).

STATEMENT OF DIRECTORS' RESPONSIBILITIES

Company law requires the directors/trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company and of its financial activities for that year, and adequately distinguish any material special trust or other restricted fund of the charity.

In preparing those financial statements the Trustees are required to:

- a) Select suitable accounting policies and then apply them consistently.
- b) Make judgements and estimates that are reasonable and prudent.
- c) State whether policies are in accordance with the appropriate SORP on Accounting by Charities and the Accounting Regulations and with applicable accounting standards subject to any material departures disclosed and explained in the financial statements.
- d) Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors/trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the accounts comply with the Companies Act 1985.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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